

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18540

State File No.

Registrar's No. 62

Primary Registration District No. 3048

FILED MAY 18 1943

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Cora Bess Cottril

3. (b) If veteran, name war. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Roy E. Cottril 6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased August 23 1886
(Month) (Day) (Year)

8. AGE: Years 56 Months 8 Days 1 If less than one day hr. min.

9. Birthplace Nodaway County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business {
12. Name Edgar Ross Strickler
13. Birthplace Camp Point Ill. (City, town, or county) (State or foreign country)
14. Maiden name Brittman Rice
15. Birthplace Golden Ill. (City, town, or county) (State or foreign country)

16. Informant 5888 Orchard St. So. Gate Calif.
(b) Address

17. (a) burial (b) Date thereof 4-26-43
(c) Place: burial or cremation Masonic cemetery Skidmore Mo.

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo

19. (a) 4-26-43 (b) Mary Coile
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Skidmore
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 24
year 1943 hour minute M.
21. I hereby certify that I attended the deceased from 3/1 to 4/24, 1943
that I last saw h. alive on 4/24, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Leg myophalaris Suspensum?

Due to
Due to

Other conditions (Include pregnancy within 3 months of death) 74 a

Major findings: Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
Means of injury:
23. Signature B. J. D. Land (M. D. or other)
Address Skidmore Mo Date signed 4/26/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Clara M. Price

Licensed Embalmer No.....

1822

P. O. Address.....

Maryville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.